



Government of **Western Australia**

Department of **Health**

Health Service Permit (First Aid) issued under
Medicines and Poisons Act 2014

Application to change a Health Service Permit (First Aid)

Medicines and Poisons Act 2014



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INSTRUCTIONS and INFORMATION

1.	<p>This form is for requesting changes to an existing First Aid Permit issued under the <i>Medicines and Poisons Act 2014</i>.</p> <p>This form MUST be completed by the Permit holder or incoming Permit holder who understands the requirements and terminology contained in this application.</p> <p>If the Permit holder is a corporation or partnership, this form must be completed by the corporate officer or partner who originally applied for the Permit.</p> <p>All communication will ONLY be with the Permit holder, corporate officer or partner.</p> <p>This application refers to the term “business” which also includes an organisation or government entity.</p>
2.	<p>Types of changes that cannot be applied for using this form</p> <p>DO NOT USE THIS FORM, if:</p> <ul style="list-style-type: none">• The Permit holder is changing from an individual person to a Permit held by a corporation or partnership,• The Permit holder is changing from a corporation or partnership to an individual person,• The business that provides first aid to its staff and clients has a new owner. <p>These types of changes require the submission of a completely new application for a First Aid Permit found at: Application forms for Licences and Permits</p> <p>Permits cannot be transferred between one business entity and another.</p>
3.	<p>There are five parts to this form:</p> <p>Part 1 – Sections 1 to 18: Application to change a First Aid Permit.</p> <p>Part 2 – Sections 19 to 25: Personal Information: new individual Permit holder, corporate officer or partner</p> <p>Part 3 – Sections 26 to 30: Personal Information: new responsible person for a premises</p> <p>Part 4 – Sections 31 to 32: Payment and checklist.</p> <p>Part 5 – Appendix</p>
4.	<p>Fees are not payable for the following type of changes to a First Aid Permit:</p> <ul style="list-style-type: none">• Change of postal addresses or other contact details• Change to a person responsible for a premises• Removal of a premises from the Permit• Removal of certain medicines from the Permit• Upgrading of storage or security such as installation of CCTV
5.	<p>A fee of \$90 is payable for the following type of changes to a First Aid Permit:</p> <ul style="list-style-type: none">• Change of individual Permit holder (no change of ownership of the business)• Change of a corporate officer (only for Permits issued to a body corporate or partnership and not an individual person)• Increase quantity of medicines already listed on the Permit,• Addition of certain medicines to the Permit• Relocation of an existing premises on the Permit to a new location,• Addition of a new premises to the First Aid Permit• Change of business or trading name without changing legal entity (no change of ownership),• Variation in the activities undertaken under the Permit, including the use of the medicines (Note: some variations may require a new application and issue of a different permit type).



6.	<p>Changing the Permit holder for a Permit held by an individual person</p> <p>The person nominated as the new individual Permit holder must complete Part 2 Personal Information: Identification, Fitness and Probity and sign the declaring at Section 25.</p> <p>6.1 Qualifications of person nominated as the new Permit holder</p> <p>The new Permit holder must:</p> <ul style="list-style-type: none">• be either a medical practitioner, nurse practitioner, registered nurse or registered paramedic or a person with a relevant qualification and/or experience handling the Schedule 2/3 medicines.• be the most senior person responsible for providing first aid at the premises and• have authority in the business, organisation or government entity to determine policies and procedures for management of the medicines. <p>6.2 Permit holder responsibilities</p> <p>It is the responsibility of the Permit holder to ensure compliance with the <i>Medicines and Poisons Act 2014</i> and Regulations 2016 and compliance with conditions placed on the Permit.</p> <p>The new Permit holder must also consider whether they have capacity to ensure compliance with the <i>Medicines and Poisons Act 2014</i> and Regulations 2016 and compliance with conditions placed on the Permit for <u>every</u> premises listed on the Permit. The Department may request further information in relation to this capacity.</p> <p>There are penalties under the Act for providing false or misleading information when applying for a change to an existing Permit.</p>
7.	<p>Changing the person responsible for a premises listed on the Permit</p> <p>A new responsible person will have overall responsibility for and manage the medicines on a day to day basis and be the contact person if the Permit holder is not available.</p> <p>The new responsible person for a premises must:</p> <ul style="list-style-type: none">• be employed or contracted by the Permit holder• reside in WA• complete Part 3: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 30. <p>7.1 Responsible person for a Permit issued to an individual person:</p> <p>The new responsible person for a premises when a Permit is issued to an individual person can be:</p> <p>a) the Permit holder, only if, the permit is issued to an individual person and not a corporation or partnership</p> <p>or</p> <p>b) the most senior person medical practitioner, nurse practitioner, registered nurse, registered paramedic or other suitably qualified person at the premises.</p> <p>7.2 Responsible person for a Permit issued to a corporation or partnership</p> <p>The responsible person for a premises when a Permit is issued to a corporation or partnership can be:</p> <p>a) the most senior person medical practitioner, nurse practitioner, registered nurse, registered paramedic or other suitably qualified person at the premises</p> <p>or</p> <p>b) the Medical Director (medical practitioner), Clinical Director (nurse practitioner), registered nurse, registered paramedic or other suitably qualified person within the corporation or partnership who has authority to determine policies and procedures in for managing the medicines.</p> <p>Please note: a responsible person must consider whether they have capacity to oversee the day to day management of the medicines at every premises for which they are responsible. Where a single person is responsible for multiple premises, the Department may request further information in relation to this capacity.</p>



8.	Changing a corporate officer or partner for a Permit that is held by a corporation or partnership A new partner or corporate officer (directors, company secretary, chief executive officer or general manager and chief financial officer) must also complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 25.
9.	Relocation or addition of a premises If a premises listed on an existing First Aid Permit <ul style="list-style-type: none">• is being <u>relocated</u> to a different premises or• another premises is being <u>added</u> to the existing First Aid Permit: and the relocated or added premises is currently listed on a different Permit.<ul style="list-style-type: none">○ the application will not be processed until the Permit holder at the second premises has submitted an application to the Department to have their premises removed from their Permit.○ in such cases, Permit holders requesting the relocation or addition of a new premises may wish to liaise with the Permit holder at the second premises to ensure the Department of Health is appropriately advised.
10.	Required documents The applicant and responsible person are required to submit copies of certain documents. If documents are not in English, also attach a translation certified as completed by a National Accreditation Authority for Translators and Interpreters (NAATI) accredited translator. Copies of photographic identification documents, such as a driver's licence or passport must be certified as a true copy. A list of people who can certify copies of documents is found in Appendix A.
11.	Signatures All signatures must be signed in ink or via a verifiable electronic signature. An electronic signature is only acceptable if the submitted application allows the Department to verify the signature. A "signature" that is copied and pasted and a "signature" that is the person's name in a font style resembling hand writing will not be accepted. The current Permit holder must sign the Declaration for making a change to the Permit at Section 18. 11.1 Who can sign for a change to a First Aid Permit: If the First Aid Permit is held by an individual person and the change is to request a new individual Permit holder within the same business/organisation/government entity and the current Permit holder is no longer employed by the business: <ul style="list-style-type: none">• the new Permit holder should sign the Declaration and provide the reason the current Permit holder cannot sign the Declaration. If the First Aid Permit is held by a partnership or body corporate, the person who signed the original Permit application should sign the Declaration.
12.	Approving a change to a Permit Applying for a change to an existing Permit does not guarantee the requested changes will be approved.
13.	Processing applications Applications will be processed in order of receipt after payment has been processed by Finance. To ensure a timely decision about your application please: <ul style="list-style-type: none">• Complete all required sections of the application,• Attach all requested documentation to the application,• Respond to requests from the Department for additional information as soon as possible,• Make sure appropriate staff are available if the Department needs to conduct a premises inspection,• Do not submit your application as a digital image (photograph).
14.	Extra information When applying for a change to an existing Permit, refer to the: Guide to applying for a Licence or Permit
15.	Submitting the application Please email completed form and other requested documentation to: mprb@health.wa.gov.au

Incomplete applications may be delayed or returned to the applicant

Please keep a copy of the completed application form for reference



PART 1: APPLICATION to change a FIRST AID PERMIT

1. General information	
Permit number: _____	Name of current Permit holder: _____
Postal address: _____	Suburb: _____ Postcode: _____
Telephone: _____	Fax: _____ Email: _____
1.1 Type of change Please check whichever applies:	
Changes without a fee	Complete
<input type="checkbox"/> Change of postal address or other contact details	Part 1: Sections 2,18
<input type="checkbox"/> Change the person responsible for a premises listed on the Permit	Part 1: Sections 3,18 Part 3: Sections 26 to 30
<input type="checkbox"/> Remove a premises from the Permit	Part 1: Sections 4,6 18
<input type="checkbox"/> Remove certain medicines from the Permit	Part 1: Sections 5,6,18
<input type="checkbox"/> Upgrade to storage and security such as CCTV.	Part 1: Sections 7,18
Changes with a fee of \$90	
<input type="checkbox"/> Change of individual Permit holder	Part 1: Sections 8, 18 Part 2: Sections 19 to 25 Part 4: Section 31
<input type="checkbox"/> Change of corporate officer or partner	Part 1: Sections 9,18 Part 2: Sections 19,22,23,24,25 Part 4: Section 31
<input type="checkbox"/> Increase quantity of medicines already listed on the Permit	Part 1: Sections 10,18 Part 4: Section 31
<input type="checkbox"/> Addition of certain medicines to the existing Permit	Part 1: Sections 11,18 Part 4: Section 31
<input type="checkbox"/> Relocation of an existing premises to a new premises	Part 1: Sections 12,14,15, 18 Part 4: Section 31
<input type="checkbox"/> Addition of a new premises to the Permit	Part 1: Sections 13,14,15, 18 Part 4: Section 31
<input type="checkbox"/> Change of business or trading name without any change of the legal entity	Part 1: Section 16,18 Part 4: Section 31
<input type="checkbox"/> Variation in the activities undertaken under the Permit including the use of the medicines	Part 1: Section 17,18 Part 4: Section 31
Note: if making multiple changes, only pay one fee of \$90	
1.2 Additional information to support application (optional): _____ _____	



Part 1: Application to Change a First Aid Permit

Changes without a fee

2. Change of postal address and other contact details

New Postal Address*: _____ Suburb: _____ Postcode: _____

Telephone: _____ Fax: _____ Email: _____

* Renewal reminders will be sent to this address.

3. Change the person responsible for a premises listed on the Permit

Refer to instruction number 7 for information on the requirements for being a responsible person for a premises.

Premises name: _____

Address: _____ Suburb: _____ Suburb: _____ Postcode: _____

Name of new incoming responsible person for this premises:

Title: _____ Forename(s): _____ Surname: _____

3.1 Details about the new person responsible for a premises listed on the Permit

Is the new responsible person also the Permit holder or responsible for another premises listed on the Permit?

☐ Yes: Confirm name: Title: _____ Forename/s: _____ Surname: _____

There is no requirement to complete Part 3.

☐ No: the new responsible person for the above-named premises, must complete and **attach** Part 3: Personal Information: Identification, Fitness and Probity.

4. Remove a premises from the Permit

Premises name: _____

Address: _____ Suburb: _____ Postcode: _____

Date the business will cease trading/operating at these premises: _____

Is the business at the premises being sold to another business that will be providing first aid to staff and clients?

4.1 ☐ Yes: please provide the name of the new business: _____

The Department requires the person taking over the business to either:

- apply to add this premises to their current First Aid Permit, if they already have a Permit, or
- apply for a new Permit.

Applications from the person buying the business must be received by the Department prior to removing this premises from your Permit.

4.2 ☐ No, is there any remaining stock of Schedule 2 or Schedule 3 medicines?

☐ No

☐ Yes: please also complete Sections 6.



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Changes without a fee

5. Remove certain Schedule 2 and 3 medicines from the Permit

Premises name: _____

Address: _____ Suburb: _____ Postcode: _____

5.1 Please indicate the Schedule of the medicines to be removed from above named premises listed on the Permit

☐ Schedule 2- Pharmacy medicine ☐ Schedule 3 – Pharmacist only medicine

If only a small number of specific individual medicines are to be removed from the premises, please list below:

5.2 Is there any remaining stock left of the medicines being removed from the Permit at the above-named premises

☐ No

☐ Yes: please also complete Section 6.

6. Information about disposal of medicines

If there is any remaining stock of Schedule 2/3 medicines after removing a premises from a Permit or removing certain medicines from a premises listed on the Permit, please indicate how the stock will be disposed of.

Check all that apply:

☐ Taken to pharmacy or hospital for disposal¹ — Name of pharmacy/hospital: _____

☐ Returned to wholesaler for disposal — Name of wholesaler: _____

☐ Transferred to other premises on the Permit — Name of premises: _____

☐ Disposed of using a licensed waste management service — Name: _____

¹ Pharmacies and hospitals are not obligated to accept medicines for disposal if they have not supplied the medicine
More information on disposal of medicines is found at: [Disposal of medicines](#)

7. Upgrading storage and security

Premises name: _____

Address: _____ Suburb: _____ Postcode: _____

Describe the change to the way the medicines are stored or the change to premises security:



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Changes with a fee

8. Change of individual Permit holder

Refer to instruction number 6, for information on the requirements for being an individual Permit holder.

Name of new incoming Permit holder:

Title: _____ Forename(s): _____ Surname: _____

Address: _____ Suburb: _____ Postcode: _____

Telephone /Mobile: _____ Email: _____

Position in business: _____

A new Permit holder must complete and **attach** Part 2: Personal Information: Identification, Fitness and Probity.

9. Change of corporate officer or partner

Note: Only applicable if the Permit has been issued to a body corporate or company and not to an individual person.

9.1 Name of new incoming corporate officer or partner

Title: _____ Forename(s): _____ Surname: _____

Address: _____ Suburb: _____ Postcode: _____

Telephone/Mobile: _____ Email: _____

Corporate officer/partner must complete and **attach** Part 2: Personal Information: Identification, Fitness and Probity

9.2 Name of outgoing corporate officer or partner

Title: _____ Forename(s): _____ Surname: _____

9.3 Please **attach** a copy of the Current and Historical Company Extract from ASIC which includes details of all past and current corporate officers.

10. Increase quantity of Schedule 2 and 3 medicines

Premises name: _____

Address: _____ Suburb: _____ Postcode: _____

10.1 Medicines having their quantity increased at the above-named premises

Medicine	Current quantity on Permit	Increase quantity to:



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11. Addition of Schedule 2 and 3 medicines

Premises name: _____

Address: _____ Suburb: _____ Postcode: _____

11.1 Medicines to be added to the above-named premises

☐ Schedule 2- Pharmacy medicine ☐ Schedule 3 – Pharmacist only medicine

If only a small number of specific individual medicines are to added oved, please list below:

11.2 Storage and temperature monitoring of Schedule 2 and 3 medicines being added to the Permit

11.2.1 Storage of non- refrigerated Schedule 2 and 3 medicines (Please check which one applies)

☐ Locked room ☐ Locked cupboard

11.2.2 Will Schedule 2 and 3 medicines requiring refrigeration be added to the Permit?

☐ No

☐ Yes: please check how the refrigerated medicines will be stored (Please check which one applies)

☐ Locked room with refrigerator ☐ Locked refrigerator

Please confirm how the temperature of refrigerated Schedule 2 and 3 medicines will be monitored

☐ Vaccine refrigerator with an inbuilt thermometer with downloadable data.

☐ Normal refrigerator with temperature data logger that can download data.

Manual thermometers are not sufficient for continuous monitoring of refrigerated medicines.

The temperature data logger:

- must record multiple data points (not just maximum and minimum temperatures)
- must create an alarm if the temperature is outside the designated range.

11.3 Usage of the Schedule 2 and 3 medicines being added to the Permit

Will the medicines being added, be used for the same purpose as other medicines listed on the Permit?

☐ Yes

☐ No: please describe the purpose for which the medicines will used:

Some variations in the conditions of use may require a new application for a different type of Permit

12. Relocation of an existing premises

12.1 Current address of premises:

Premises name: _____

Address: _____ Suburb: _____ Suburb _____ Postcode: _____ Postcode: _____

12.2 New address of relocated premises:

Premises name: _____

Address: _____ Suburb: _____ Telephone: _____ Postcode: _____

Telephone: _____ Fax: _____ Email: _____

Date of possession of the premises (settlement date/lease commencement/handover of premises): _____

Note: Permit will be issued with "Valid from" date on or after this date.

12.3 **Plus**, complete Sections 14,15,18 and 31 (payment)



Part 1: Application to Change a First Aid Permit Changes with a fee

13. Addition of another new premises

- 13.1** Premises name: _____
- Premises Address: _____ Suburb: _____ Postcode: _____
- Telephone: _____ Fax: _____ Email: _____
- Date of possession of the premises (settlement date/lease commencement/handover of premises) _____
- Note: Permit will be issued with "Valid from" date on or after this date.
- 13.2** **Plus**, complete Sections 14, 15, 18 and 31 (payment)

14. Information about the relocated or new added premises

Is this premises being bought from a business or acquired from a business that provides first aid to staff and clients?
See instruction number 9.

- ☐ No
- ☐ Yes: Name of previous business/business: _____
- The Department requires the previous Permit holder at the relocated or new added premises to remove the premises from their Permit. The application to remove the premises from the previous Permit holder's Permit must be received by the Department prior to adding the relocated or new added premises to your Permit.

14.1 Person responsible for the relocated or new added premises

Title: _____ Forename(s): _____ Surname: _____

Position in business/business: _____

Is the responsible person for the relocated or new added premises also?

- responsible for the premises at the current address or
- responsible for another premises listed on the Permit or
- the Permit holder?

- ☐ Yes
- ☐ No: the responsible person for the relocated or new added premises must complete and **attach** Part 3: Personal Information: Identification, Fitness and Probity.

14.2 Location of relocated or new added premises

- ☐ Commercial ☐ Industrial ☐ Rural ☐ Residential
- ☐ Other-please specify: _____

14.3 Building /premises security for relocated or new added premises. Please check all that apply:

- ☐ Dedicated monitored alarm system ☐ Video surveillance system (CCTV) ☐ Motion detectors
- ☐ Perimeter fence with lockable gate ☐ Perimeter alarm
- ☐ Other – please describe: _____



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15. Information about Schedule 2 and 3 medicines at relocated or new added premises

15.1 List of medicines to be used at relocated or new added premises

Please check all the apply:

- ☐ Schedule 2- Pharmacy medicine ☐ Schedule 3 – Pharmacist only medicine

15.2 Specific medicines in Schedule 2 and 3 to be used at relocated or new added premises

Please check which specific medicines are required:

- ☐ Adrenaline auto-injectors in Schedule 3 ☐ Glyceryl trinitrate sublingual tablets/sprays in Schedule 3
☐ Naloxone injections in Schedule 3 ☐ Salbutamol inhalers in Schedule 3

15.3 Please list other medicines required at relocated or new added premises

Name, strength and form of medicine	Schedule	Approx quantity

15.4 Storage and temperature monitoring of Schedule 2 and 3 medicines at relocated or new added premises

15.4.1 Storage of non- refrigerated Schedule 2 and 3 medicines (Please check which one applies)

- ☐ Locked room ☐ Locked cupboard

15.4.2 Will Schedule 2 and 3 medicines requiring refrigeration be added to the Permit?

- ☐ No
☐ Yes: please check how the refrigerated medicines will be stored (Please check which one applies)
☐ Locked room with refrigerator ☐ Locked refrigerator

Please confirm how the temperature of refrigerated Schedule 2 and 3 medicines will be monitored

- ☐ Vaccine refrigerator with an inbuilt thermometer with downloadable data.
☐ Normal refrigerator with temperature data logger that can download data.

Manual thermometers are not sufficient for continuous monitoring of refrigerated medicines.

The temperature data logger:

- must record multiple data points (not just maximum and minimum temperatures)
- must create an alarm if the temperature is outside the designated range.

15.5 Access to Schedule 2 and 3 medicines

- ☐ Check to confirm only authorised persons, i.e. individual Permit holders, responsible person or other authorised health practitioners/professionals employed by the business will have unsupervised access to medicines.

15.6 Preventing access to Schedule 2 and 3 medicines

Please describe how non-authorised staff such as reception staff, cleaners and members of the public (including family members and children) will be prevented from having access to Schedule 2 and 2 medicines .

Section 15 continues next page



Part 1: Application to Change a First Aid Permit Changes with a fee

15.7 Medicine usage at relocated or new added premises

Will the Schedule 2 and 3 medicines at the relocated or new premises be used for the same purpose as at the previous premises or other premises on the Permit?

☐ Yes

☐ No - please describe the purpose for which the medicines will used:

Some variations in the conditions of use may require a new application for a different type of Permit.

15.8 Standard operating procedures (SOP's)

Will the SOPs for handling and using medicines in Schedule 2/3 medicines at the relocated or new added premises be the same as for another premises listed on the Permit?

☐ Yes: SOP is the same as: _____ (premises name)

☐ No: please **confirm** the business providing first aid at the relocated or new added premises has these SOPs

- ☐ **SOP** used for **ordering** medicines from wholesaler which must support the following:
- a) Orders must be approved by the Permit holder if the Permit is held by an individual on behalf of the business. For Permits issued to a partnership or body corporate, the person who signed this application should approve orders for medicines.
 - b) Only authorised suitably qualified/trained staff should receive medicines when delivered by pharmaceutical wholesalers. Other staff such as administration staff cannot be designated as responsible for this task.
 - c) Schedule 2/3 medicines must be ordered from a licensed pharmaceutical wholesaler.
- ☐ **SOP** used for **recording** administration and storing records which must support the following:
- a) A record is made of each medicine administered to each patient.
 - b) Adverse effects are recorded.
 - c) Records are signed by staff member who administered the medicine
- ☐ **SOP** for **distribution** of medicines to other premises **if** applicable. Please show details of distribution, including how receipt of stock at other premises will be confirmed and recorded. SOP must support the following:
- a) Schedule 2/3 medicines are only delivered to other premises that are listed on the Permit.
 - b) Permit holder or appropriate person delegated in writing by the Permit holder authorises distribution of stock
 - c) Movement of stock is recorded.
 - d) Only authorised suitably qualified/trained staff receive medicines when delivered.
 - e) Proof of receipt of delivery is requested.
- ☐ **SOP** showing **training** is required for staff who will be administering medicines and how the business ensures training is undertaken and remains current. SOP must support the following:
- a) At a minimum, training is by a Recognised Training Organisation (RTO).
 - b) Currency of training is routinely checked.
 - c) Type of training is related to medicines requested for Permit.
- ☐ **SOP** for **stocktakes** and **audits** of medicines, including regular checking for expired stock and disposal of damaged or expired stock. SOP must support the following:
- a) Medicines are organised in a manner that makes them easily identifiable and examinable.
 - b) Regular stocktakes are scheduled and recorded and expiry date checks are checked.
 - c) Short dated medicines are flagged.
 - d) Expired and damaged stock are removed and isolated from other stock.
 - e) Expired and damaged stock are incinerated by a controlled waste management contractor.



**Part 1: Application to Change a First Aid Permit
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16. Change of business or trading name

Complete this Section if the business or trading name will change without any change in legal entity.
If there is a change in ownership, an application for a new Permit is required.

16.1 Previous business or trading name: _____

New business or trading name: _____

Attach a copy of the Current and Historical Business Name Extract from ASIC

16.2 Australian Business Number: _____

17. Variation in the activities undertaken under the First Aid Permit

Please describe the proposed change in the way the medicines will be used.

Note: Some variations in the use of the medicines may require a new application for a different type of Permit,

18. Declaration by Permit holder

This declaration relates to the application to change the Permit and must be signed by the individual Permit holder, or if the Permit is issued to a corporation or partnership, the declaration must be signed by a corporate officer or partner. Please refer to Instruction 11 for information on acceptable signatures.

I am the: ☐ current Permit holder ☐ incoming Permit holder

☐ the corporate officer or partner who signed the original Permit application.

If the current Permit holder cannot sign please provide reason:

I (provide full name): _____

of (provide full address): _____

hereby declare:

- i. The information contained in this application form is true and correct
- ii. I am aware that penalties apply under the *Medicines and Poisons Act 2014* for providing false or misleading information in this application.

Signature of applicant: _____ Date: _____



PART 2: PERSONAL INFORMATION: new PERMIT HOLDER

Part 2 assesses identification, fitness and probity of the Permit holder.

If the new Permit holder is an individual health practitioner, all sections of Part 2 must be completed.

If the Permit is held by a corporation or partnership, and there is a new corporate officer or partner, all sections of Part 2 except Sections 20 and 21 must be completed by each new corporate officer or each new partner.

19. Identification of new Permit holder, corporate officer or partner

Refer to instruction number 6, for information on the requirements for being an individual Permit holder.

19.1 Personal Details

Title: _____ Forename/s: _____ Surname: _____ Date of birth: _____

Address: _____ Suburb: _____ Postcode: _____

Postal address: _____ Suburb: _____ Postcode: _____

Mobile number: _____ Email: _____

Position in business: _____

19.2 Certified true copy of a photographic identification document

ATTACH a certified ¹ copy of a WA State Government or Australian Government issued photographic identification document such as drivers Licence or passport. Non-government issued identification documents will not be accepted.

¹Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix A for a list of persons authorised to certify a true copy)

19.3 Role in relation to the Permit

☐ the individual who will be the new Permit holder on behalf of the business. Complete remainder of Part 2.

☐ a new corporate officer. Type of corporate officer:

☐ Director ☐ General Manager ☐ Company secretary ☐ CEO ☐ CFO ☐ COO

Complete Sections 22,23,24 and 25 of Part 2 and **attach** a CV¹

☐ a new partner

Complete Sections 22,23,24 and 25 of Part 2 and **attach** a CV¹

¹A new **corporate officer or partner must provide a CV and qualifications**. These will be used to assess whether the corporate officer or partner meets the requirements of the *Medicines and Poisons Act 2014*.

20. Qualifications and experience of new individual Permit holder

Complete this section if you will be the new individual Permit holder.

Do not complete this section, if the Permit holder is a corporation or partnership.

Refer to instruction number 6 for information on the requirements for being an individual Permit holder.

20.1 The new Permit holder must be a medical practitioner, registered nurse, registered paramedic or other suitably qualified person – tick which one applies:

20.1.1 ☐ Registered health practitioner- tick which one applies

☐ Medical practitioner ☐ Registered nurse ☐ Registered paramedic

AHPRA registration number: _____ Registration expiry date: _____

Attach a copy of your current annual registration certificate or wallet card provided to you by AHPRA.
Note: please **do not** provide an extract of the information available on AHPRA's public website.

20.1.2 ☐ Other: please describe: _____

Please **attach** copies of any qualifications and a CV which demonstrate your suitability as a Permit holder for a First Aid Permit **or** describe your suitability as a Permit holder below:



Part 2: Personal Information: new Permit Holder

21. Authority, access, standard operating procedures (SOPs)

Complete this section if you will be the new individual Permit holder.

Do **not** complete this section, if the Permit holder is a corporation or partnership.

- ☐ Please check to confirm that as the new Permit holder, you will have authority within the business to determine policies and procedures on the management, storage and administration Schedule 2/3 medicines.
- ☐ Please check to confirm that you will always have access to the Schedule 2/3 medicines listed on the Permit.
- ☐ Please check to confirm that only yourself, responsible person or other authorised employees of the business will have unsupervised access to the Schedule 2/3 medicines.

21.1 Confirmation of Standard Operating Procedures (SOPs) by new Permit holder

As the new Permit holder, confirm if the business has the following SOPs for Schedule 2/3 medicines at all premises:

- ☐ **SOP** used for **ordering** medicines from wholesaler which must support the following requirements:
 - a) Orders must be approved by the Permit holder if the Permit is held by an individual on behalf of the business. For Permits issued to a partnership or body corporate, the person who signed this application should approve orders for medicines.
 - b) Only authorised suitably qualified/trained staff should receive medicines when delivered by pharmaceutical wholesalers. Other staff such as administration staff cannot be designated as responsible for this task.
 - c) Schedule 2/3 medicines must be ordered from a licensed pharmaceutical wholesaler.
- ☐ **SOP** used for **recording** the administration of medicine and storing records which must support the following:
 - a) A record is made of each medicine administered to each patient.
 - b) Adverse effects are recorded.
 - c) Records are signed by staff member who administered the medicine
- ☐ **SOP** for **distribution** of medicines to other premises from the above premises **if** applicable. Please show details of how distribution will be undertaken, including how receipt of stock at other premises will be confirmed and recorded. SOP must support the following requirements:
 - a) Medication is only delivered to other premises that are listed on the Permit.
 - b) Permit holder or appropriate person delegated in writing by the Permit holder is to authorise distribution of stock to other premises.
 - c) Movement of stock is recorded.
 - d) Only authorised suitably qualified/trained staff receive medicines when delivered.
 - e) Proof of receipt of delivery is requested.
- ☐ **SOP** that shows **training** is required for staff who will be administering medicines and how the business ensures training is undertaken and remains current. SOP must support the following:
 - a) At a minimum, training is by a Recognised Training Organisation (RTO).
 - b) Currency of training is routinely checked.
 - c) Type of training is related to medicines requested for Permit.
- ☐ **SOP** for **stocktakes** and **audits** of medicines, including regular checking for expired stock and disposal of damaged or expired stock. SOP must support the following requirements:
 - a) Medicines are organised in a manner that makes them easily identifiable and examinable.
 - b) Regular stocktakes are scheduled and recorded and expiry date checks are checked.
 - c) Short dated medicines are flagged.
 - d) Expired and damaged stock are removed and isolated from other stock.
 - e) Expired and damaged stock are incinerated by a controlled waste management contractor.



Part 2: Personal Information: new Permit Holder

22. Prior permits/licences for medicines/poisons

To be completed by the new individual Permit holder, corporate officer or partner.

22.1 Have you (or a company of which you were a corporate officer or a partner) previously held a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled?

☐ No

☐ Yes: please provide details of the Permit or Licence number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in:

22.2 Have you (or a company of which you were a corporate officer) ever been refused a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory?

☐ No

☐ Yes: please provide details of the name of the business, what type of Permit or Licence you applied for, why your application was refused and which state or territory the refusal occurred in:

23. Criminal check for new Permit holder, corporate officer or partner

To be completed by the new individual Permit holder, corporate officer or partner.

Have you ever been convicted of, or are there charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory

☐ No

☐ Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:

- Name of the court including state/territory or country, all relevant dates and any sentences received
- The nature of the alleged offence and circumstances surrounding the offences

24. Financial resources of new Permit holder, corporate officer or partner

To be completed by the new individual Permit holder, corporate officer or partner.

24.1 Have you been declared bankrupt or a debtor under any bankruptcy law?

☐ No

☐ Yes: What date was/will your bankruptcy be discharged? _____

24.2 Have you ever been a corporate officer of a company that was wound up or subject to an application for, or placed in, receivership or liquidation?

☐ Yes

☐ No



Part 2: Personal Information: new Permit Holder

25. Declaration by new Permit holder, corporate officer or partner

This declaration must be signed by the new individual Permit holder, corporate officer or partner and is about personal information and includes probity check consent.

Please refer to Instruction 11 for information on acceptable signatures.

- a. In accordance with Section 39 of the *Medicines and Poisons Act 2014*, I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity in relation to holding a First Aid Permit. These searches may include (without limitation) corporate searches, checks with health professional registration boards (including registration status and release of information on any current or ongoing investigations) and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity.
- b. I am at least 21 years of age.
- c. The information contained in this application form is true and correct.
- d. I am aware there are penalties under the *Medicines and Poisons Act 2014* for providing false or misleading information.
- e. I am aware of my responsibility or the responsibility of the body corporate (if applicable) for the safe storage and use of the Schedule 2 and 3 medicines and will ensure compliance with the *Medicines and Poisons Act 2014* and Medicines and Poisons Regulations 2016, and compliance with conditions placed on the Permit.
- f. I will notify the Department of Health if I leave the employment of the business or I am no longer a corporate officer of the company that holds the Permit.

Signature: _____ Name: _____ Date: _____



PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

26. Identification of new responsible person

The role of the responsible person is to manage the Schedule 2/3 medicines on a day to day basis and be the contact person, if the Permit holder is not available.

Refer to instruction number 7 for information on the requirements for being a responsible person for a premises.

26.1 Is the new responsible person, also the Permit holder or responsible for another premises listed on the Permit?

☐ Yes: Confirm name: Title: _____ Forename/s: _____ Surname: _____

There is no requirement to complete Part 3.

☐ No: complete all of Part 3.

26.2 Personal details of responsible person

Title: _____ Forename/s: _____ Surname: _____ Date of birth: _____

Postal Address: _____ Suburb: _____ Postcode: _____

Mobile number: _____ Email: _____

Position in

business: _____

26.3 Certified true copy of a photographic identification document

ATTACH a certified ¹ copy of a WA State Government or Australian Government issued photographic identification document such as drivers licence or passport. Non-government issued identification documents will not be accepted.

¹ Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix A for a list of persons authorised to certify a true copy).

27. Qualifications and experience of new responsible person

Refer to instruction number 3 for information on the requirements for being a responsible person for a premises.

27.1 Qualifications of responsible person for a premises on a Permit, check which one applies:

27.1.1 ☐ Registered health practitioner- check which one applies

☐ Medical practitioner

☐ Registered nurse

☐ Registered paramedic

AHPRA registration number: _____ Registration expiry date: _____

Attach a copy of your current annual registration certificate or wallet card provided to you by AHPRA.

Note: please **do not** provide an extract of the information available on AHPRA's public website.

27.1.2 ☐ Other: please describe: _____

Please **attach** copies of any qualifications and a CV which demonstrate your suitability as a responsible person for a First Aid Permit **or** describe your suitability as a responsible person below:

27.2 Is the Permit being issued to a corporation or partnership?

☐ No

☐ Yes: You may be asked to provide extra information regarding your qualifications / training /experience.



Part 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

28. Prior permits/licences for medicines/poisons held by new responsible person

28.1 Have you (or a company of which you were a corporate officer or a partner) previously held a Permit or Licence, under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled?

☐ No

☐ Yes: please provide details of the Permit or Licence number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in:

28.2 Have you (or a company of which you were a corporate officer) ever been refused a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory?

☐ No

☐ Yes: please provide details of the name of the business, what type of Permit or Licence Permit you applied for, why your application was refused and which state or territory the refusal occurred in:

29. Criminal check for new responsible person

Have you ever been convicted of, or are there charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory

☐ No

☐ Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:

- Name of the court including state/territory or country, all relevant dates and any sentences received
- The nature of the alleged offence and circumstances surrounding the offences

30. Declaration by new responsible person

This declaration must be signed by the new responsible person and includes probity check consent.

Please refer to Instruction 11 for information on acceptable signatures.

- a) I acknowledge my role is to manage the Schedule 2/3 medicines on a day to day basis and be the contact person, if the Permit holder is not available.
- b) I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity to be named as the responsible person on the First Aid Permit. These searches may include (without limitation) corporate searches, and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity.
- c) I am at least 21 years of age.
- d) The information contained in this application form is true and correct.

Signature: _____ Name: _____ Date: _____



PART 4: PAYMENT and CHECKLIST

31. Payment (where required)

Fee: \$90

1. ☐ Credit Card – American Express and Diners not accepted

Card type: ☐ MasterCard ☐ Visa

Name on card: _____ Card number: _____

Expiry date: _____ Amount: **\$90**

Signature of cardholder: _____ Date: _____

2. ☐ Direct debit to bank

Please quote Permit number and business name in the reference when making a direct debit payment

Bank: Commonwealth Bank: **BSB: 066 040** **Account number: 13300018** Amount: **\$90**

Receipt Number: _____ Payment date: _____

3. ☐ Cheque or money order – made payable to DEPARTMENT OF HEALTH

Please keep a copy of the completed application form for reference

Please email completed form and other requested documentation to mprb@health.wa.gov.au

A fee of \$90 is payable for the following types of changes to a First Aid Permit:

- Change of individual Permit holder (no change of ownership of the business)
- Change of a corporate officer (only for Permits issued to a corporation and not an individual person)
- Increase quantity of Schedule 2 or 3 medicines
- Add Schedule 2 or 3 medicines to a Permit for an existing premises
- Relocation of an existing premises to a new location
- Addition of a new premises
- Change of business or trading name without changing legal entity (no change of ownership).
- Variation in the activities undertaken under the Permit, including the use of the medicines

Note: if making multiple changes, only pay one fee of \$90

Fees are not payable for the following type of changes to a First Aid Permit:

- Change of postal address and other contact details
- Change to a person responsible for a premises
- Removal of a premises from the Permit
- Removal of medicines from the Permit
- Upgrading storage or security



Part 4: Payment and Checklist

32. Checklist

Please ensure all the appropriate requested documentation is attached for:

Part 1 Application to change a First Aid Permit

- ☐ If changing a responsible person for a premises: completed Part 3: Personal Information (Section 3.1)
- ☐ If changing an individual Permit holder: completed Part 2: Personal Information (Section 8)
- ☐ If changing a corporate officer/partner: completed Part 2: Personal Information (Section 9.1)
- ☐ If changing a corporate officer/ partner: copy of the Current and Historical Company Extract from ASIC (Section 9.3)
- ☐ If a premises is relocating or a new premises is added to the Permit, and the responsible person is not responsible for any other premises or is not the Permit holder: completed Part 3: Personal Information-Form (Section 14.1)
- ☐ If there is a change of business or trading name without a change of legal entity: copy of the Current and Historical Business Name Extract from ASIC (Section 16.1)
- ☐ Declaration signed and dated by individual Permit holder, corporate officer or partner (Section 18)

Part 2: Personal information, fitness and probity for new Permit holder, corporate officer or partner

- ☐ Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 19.2). See Appendix A for a list of persons authorised to witness a signature.
- ☐ If there is a new corporate officer or partner, attach a CV and copies of qualifications for each new corporate officer or partner (Section 19.3)
- ☐ If the new Permit holder is a registered health practitioner, attach a copy of the current annual registration certificate or wallet card provided by AHPRA. Do not provide an extract of the information available on AHPRA's public website. (Section 20.1.1)
- ☐ If the new Permit holder is not a registered health practitioner, please attach copies qualifications/training and a CV which demonstrates the applicant's suitability as a Permit holder for a First Aid Permit. Copy of CV is not required if suitability is described on the form (Section 20.1.2)
- ☐ If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law or corresponding law in another state or territory (Section 23)
- ☐ Declaration signed and dated by new Permit holder corporate officer or partner (Section 25)

Part 3: Personal information, fitness and probity for new responsible person

- ☐ Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 26.3). See Appendix A for a list of persons authorised to witness a signature
- ☐ If the new responsible person is a registered health practitioner, attach a copy of the current annual registration certificate or wallet card provided by AHPRA. Do not provide an extract of the information available on AHPRA's public website (Section 27.1.1)
- ☐ If the new responsible person is not a registered health practitioner, attach copies of qualifications/training and a CV which demonstrates the person's suitability as a responsible person for a premises. Copy of CV is not required if suitability is described on the form (Section 27.1.2)
- ☐ If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law or corresponding law in another state or territory (Section 29)
- ☐ Declaration signed and dated by new responsible person (Section 30)

Part 4: Payment and checklist

- ☐ Payment details completed with correct signature if paying by credit card (Section 31)



PART 5 Appendix

Appendix A: Certifying true copies of photographic identification

Suggested wording for certification is as follows:

I certify that this appears to be a true copy of the document produced to me on <date>

Signature

Name

Profession or occupation group

Persons who can certify documents	
Academic (tertiary institution)	Medical practitioner
Accountant	Member of Parliament
Architect	Minister of religion
Australian Consular Officer	Nurse
Australian Diplomatic Officer	Optometrist
Bailiff	Patent attorney
Bank manager	Pharmacist
Chartered secretary	Physiotherapist
Chiropractor	Podiatrist
Company auditor or liquidator	Police officer
Court officer (judge, master, magistrate, registrar or clerk)	Post Office manager
Defence Force officer	Psychologist
Dentist	Public servant
Engineer	Public notary
Industrial organisation secretary	Real Estate agent
Insurance broker	Settlement agent
Justice of the Peace	Sheriff or deputy Sheriff
Lawyer	Surveyor
Local government CEO or deputy CEO	Teacher
Local government councillor	Tribunal officer
Loss adjuster	Veterinary surgeon
Marriage celebrant	